## **Activity Van Parent Permission Form**



## Afternoons @ 4:30pm Mondays, Tuesdays, Wednesday ONLY

Please return this form to school with you child before Friday week prior

<u>Van Stops</u>	<u>Time</u>
Strattanville Fire Hall	4:35
Clarion Ford	4:40
Palmers	4:50
St. Nicholas /Crates Church	5:00
Corsica Firehall	5:15

## Circle the student's drop-off location above

Students Name_		Current Grade			
Days (circle):	Monday	Tuesday	Wednesday		
Dates:	OR <b>Eve</b>	ery week (circle)	YES or NO		
Reason for riding	Activity van (circle be	elow):			
Tutoring	Homework Helpers	Intramurals	Other:	_	
Parent Name					
Contact Number	rs (1)				
	(2)				
	-	•	to ride the Activit	-	
after school or	n the days to the sto	op indicated abo	ove. <u><b>Please note: pare</b></u>	<u>nts</u>	
should arrive o	<u>it the group stop by</u>	<u> 4:35pm.</u>			
Parents Signatur	re	Do	nte		

<sup>\*</sup>Note: If no students are scheduled to ride at a particular stop, the van may arrive earlier at subsequent stops.